

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2009

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Docket Number (Optional)

033082 M 297

Application Number 10/563,208

Filed January 3, 2006

For LOW PRESSURE PROCESSING SYSTEM, LOW PRESSURE PROCESSING METHOD, AND PRESSURE CONTROL VALVE

Art Unit 3753

Examiner Christopher D. Pilling

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$130	\$65	\$_____
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$490	\$245	<u>\$490.</u>
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1110	\$555	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1730	\$865	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2350	\$1175	\$_____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to

Deposit Account Number 02-4300. I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 32,263

☐ attorney or agent under 37 CFR 1.34.

Registration number if acting under 37 CFR 1.34. _____.

/Michael A. Makuch/

December 14, 2009

Signature

Date

Michael A. Makuch

(202) 263-4300

Typed or printed name

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.